

**AFRICAN-AMERICAN AFFAIRS COMMISSION
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Testimony before the Appropriations Committee

Friday February 20th, 2009

6.30 pm in Room 2C of the LOB

Good afternoon Senator Harp, Representative Geragosian and ranking members of the Appropriations Committee. My name is Frank Sykes the Legislative Analyst representing the African-American Affairs Commission (AAAC) an independent non-partisan state agency committed to improving the lives of African-Americans in the state, through research, policy analysis and advocacy. I am here today requesting the state legislature to restore the \$2.5 million in funding to the AIDS line item in the Department of Public Health (DPH) budget.

The Connecticut Department of Public Health reports that African Americans comprised 9 percent of Connecticut's population, yet made up 36 percent of persons living with AIDS as of June 30, 2002.¹ Newer and more disturbing information demonstrates that HIV infection rates are growing in African-American communities especially among African-American women and the

¹ Connecticut Department of Public Health, Comparison of HIV/AIDS cases by Select Demographics and Risk/Mode of Transmission Characteristics

youth. AIDS is the leading cause of death amongst African-American women between the ages of 25-34. During the years 2000–2003, nationally the HIV/AIDS rates for African American females were 19 times the rates for white females and 5 times the rates for Hispanic females; they also exceeded the rates for males of all races/ethnicities.² In Connecticut 43 percent of the 3,214 women diagnosed with AIDS through June 30, 2002 were African-American, while 30 percent were white and 27 percent were Latina.³ More disturbing is the fact that in 2005, 37.4% of Connecticut residents aged 18-64 reported never having ever been tested for HIV, 34.0% for whites, 63.3% for blacks and 50.4% for Hispanics. This was reported by the DPH in its 2007 Epidemiological reports.

Accordingly this is an issue of grave concern to the Commission. It is reported that the costs for treating a person with HIV over the course of a lifetime is estimated at \$195,000 compared to \$10,000 for HIV counseling/testing and \$40,000 for drug treatment.⁴ We know that without adequate health insurance coverage low-income persons afflicted from this disease will find it virtually impossible to afford treatment, not to mention the costs to the state. In view of these facts restoring funding to this line item can't be asking too much. We urge your support.

Thank you for the opportunity to testify

² www.blackhealthcare.com

³ Health Watch, *African-Americans and HIV/AIDS: The Epidemic in Connecticut*

⁴ Aids Life Campaign



Connecticut School Based Health Centers

Healthy Kids Make Better Learners

A large number of Connecticut children do not have access to basic health care, including those who live in rural areas and inner cities, as well as those who are uninsured or underinsured. Barriers to care include cost, lack of transportation, and lack of knowledge about available services and the importance of preventive health.

A key factor of success in life is a good education. School Based Health Centers keep students healthy and in school so they can maximize their opportunities for learning.

What is a School Based Health Center (SBHC)?

It is a comprehensive primary health care facility located within or on school grounds and serves students in grades PreK-12. The health centers are staffed by multi-disciplinary teams of pediatric and adolescent health specialists, including nurse practitioners, physician assistants, social workers, physicians and in some cases, dentists and dental hygienists. All SBHCs operate under the guidance of a medical director. SBHC staff are a resource for the school and the community, and are able to provide programs on wellness, disease prevention, health promotion, and health management.

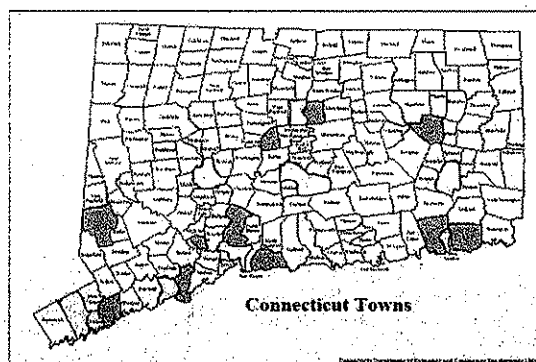
What services are offered?

- Diagnosis/treatment of minor illnesses and injuries, including prescriptions
- Individual, family, and group counseling
- Collaborative management/treatment of chronic diseases (diabetes, asthma) with primary care provider
- Immunizations; school/sports physicals
- Health education: diet, exercise, oral health
- Dental hygiene and restorative treatment in some sites
- Coordination of community care
- Referral and follow-up for specialty care



How many Centers are operating?

There are currently 78 Centers in 19 communities; 68 are funded by the Department of Public Health. In 2006-2007, 44,000 students were seen in their SBHC for a total of 131,322 visits. SBHCs are found in the towns in the map below.



How are the Centers funded?

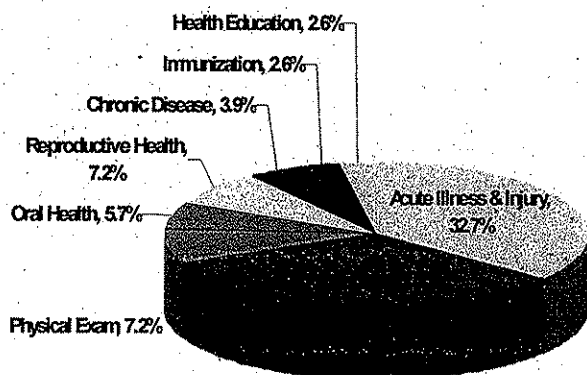
SBHCs operate with a combination of public and private dollars. The Maternal Child Health Block Grant and CT Department of Public Health are public funding sources; local private funds may also support SBHCs. Reimbursements from Medicaid, HUSKY A & B, and some private insurance companies are received for students covered by these health plans.

Why do students use Health Centers?

Students use SBHCs due to convenience; immediacy of service, and comfort with practitioners that provide care in the safety of their school environment. The top eight reasons that students access health care in their schools includes:

- ✓ Mental health
- ✓ Acute conditions
- ✓ Medical exam/follow-up and screening
- ✓ Reproductive health
- ✓ Injury
- ✓ Oral health
- ✓ Chronic conditions
- ✓ Health education or immunizations

Reasons for SBHC Visits 2005-2006

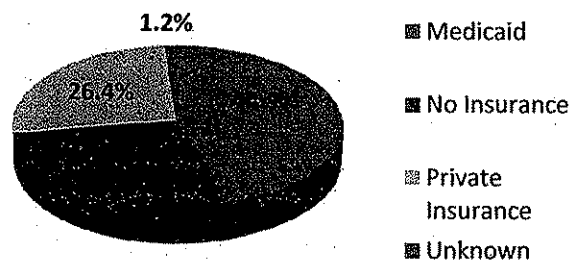


Source: CT Department of Public Health

Is parental permission required to treat a student in the School Based Health Center?

Yes, parents must enroll their child to use the services.

Insurance Status: Students Using SBHC Services 2006 - 2007



What are the benefits of SBHCs?

- * Provide access to care at a low cost
- * SBHCs keep students healthy and in school
- * Early identification of physical and mental health issues
- * Students are served regardless of insurance status
- * Reduce emergency room care

SBHCs and Chronic Illness

SBHC medical staff can treat chronic illnesses in collaboration with the student's primary care provider. Students and parents learn skills to manage diseases such as diabetes and asthma. Staff work closely with students to prevent more costly problems that result from untreated disease. The average cost of an asthma visit in the SBHC is ~\$22 versus \$350 in the Emergency room (2002 Asthma Report, CASBHC).

SBHCs provide health education and skill-building.

It is the mission of SBHCs to help students learn about practices that promote their health and well-being. Each Center emphasizes early identification of physical and mental health concerns, preventing more serious and costly problems by providing early treatment.

For more information, visit Connecticut Association of School Based Health Centers at www.ctschoolhealth.org



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